

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000245096

Entity Name: UNIQUE CONCIERGE HOME HEALTH, LLC

Current Principal Place of Business:

5081 20TH CT SW
NAPLES, FL 34116

Current Mailing Address:

5081 20TH CT SW
NAPLES, FL 34116 US

FEI Number: 93-1444278

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FILISTIN, JOSIE MRS
5081 20TH CT SW
NAPLES, FL 34116 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name FILISTIN, JOSIE
Address 5081 20TH CT SW
City-State-Zip: NAPLES FL 34116

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSIE FILISTIN

OWNER

04/21/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date